MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

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I am Maling! No one hurts me. Not even razor blades or open windows! I don't like my therapist. He says I hurt him but he hurts them! He makes them remember and they cry. I remember but I *won't* cry! No one can touch me. I am the strongest!

The Bravest Thing I Ever Did

By Libbie K.

The bedroom door was closed and my three year old daughter was inside with my father. My mother lay on the couch, a few months from death by the cancer that ate at her bones. She was still able to get up; she could have risen from that couch to open the bedroom door or give me the support to do so. But as always, she shut her eyes tight against the happenings and lay there, silent. I waited. I stood. Sometimes if I waited long enough during difficult situations the problem would be solved by me/for me/without me/ yet me. But I was still standing there, not suddenly in another room, a few minutes or hours later, and my daughter safe and free from the evil man and his evil doings behind the closed door. There was no noise behind the door, no screaming. My father was too clever for that. He was testing my mother and me and slowly teaching my daughter to accept him. She was still in there.

I was still standing outside the door, still me. The choice, the decision was mine alone. At thirty years of age I had never defied my father, always cared for his schizophrenia, and now was caring for my terminally ill mother. I belonged to my father, I was his; my mother had given me to him when I was a young child. Now he wanted my daughter.

I could do as my father had taught me: permit anything to happen to myself and by extension my daughter that he wanted, anytime, anyplace, no matter the pain or the damage. I could follow my mother's example: turn away, ignore it. I could continue my own coping strategy: nothing really happened, I made everything up, I am crazy.

But the door was still closed and I thought of my daughter's recent nightmares, her terror of men, her struggles at diaper-changing time and my noticing, just this morning, of her trance-like walk from my parent's front door to my father's waiting hand, to the bedroom and the closed door.

I was my father's damaged property. I had survived by remembering/not remembering; knowing/not knowing; being/not being. But my daughter was not me, not his, not damaged. She was my innocent, beautiful little girl.

I burst open the door, wrestled the cherished body from my father's lap, left the house as he insulted and berated me; trembling inside, holding her close, I told him "Never again will you go into your bedroom with my daughter!"

My father told everyone about the incident and that I had "over-reacted." My mother warned the relatives not to listen to me because I was becoming schizophrenic like my father. But I knew in my heart what I had done. Never again, never again was he close to her, never again did he hold her, never again was he alone with her. My daughter would not be fucked by her grandfather. She would not become multiple. The incest stops with me. MV

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This publication is designed to be an information exchange for MPD and Dissociative Disorders Neither its editor nor its layperson contributors are engaged in the practice of medicine Persons with dissociative disorders should consult with competent professionals to approve all treatment strategies

Ellyn's Story

I am Ellyn. I am 10 now that Allyn is part of me. Lynn says I can write about when I first told Jim (our therapist) about us.

Lynn didn't know about all of us, even though we tried to help keep things going. Lynn went to see Jim every week, but she couldn't tell him what she didn't know. I wanted to talk to Jim so much. I would be "out" in his office every week but I just couldn't talk. (I knew those people who hurt us would kill people and kittens and dogs. I saw. And I was never supposed to talk.) In Jim's office I wanted to trust. I trusted Jim, but somehow THEY would find out. I couldn't make a sound.

Sometimes Jim talked and he asked stuff and I could nod or make a face. Finally I said a little but I figured he would just think Lynn was being silly. Jim and Lynn would talk about the "little girl" he talked to, but she couldn't explain it and mostly she didn't knew and she wasn't THERE. Some of the others, like Lynda and Dyan didn't want me to tell. And the littler ones like Amy and Kitten and Lizzie (and lots of others) were real afraid.

But one day Lynn was very sad and she thought maybe it would be better if she was dead. Lots of the others agreed.

I kept thinking about Jim. He gave me a card with his number but I thought, "I should never call & bother anyone." It seemed like everyone else was afraid or wanted to be dead (or both.) I thought, "If I call, Lynn will be mad and everyone else. And the men will come and find me and kill me too. And it won't be fast. (It is better to die fast than slow, I think. At least it looks like that to me.)

Well, Lynn took the pills and Lynda made us throw up! It seemed like someone else didn't want to give up. I was still real scared but I called. The lady couldn't hear me and she kind of scared me and I hung up! I felt so crazy! I called her back and asked if she was mad. She said "no", and then she got Jim and he talked to me and to Lynn.

And SHE wasn't mad at me.

And JIM wasn't mad at me.

And I cried and NO ONE hit me.

This was a long time ago and it was *very* hard and I'm glad I did it. **MV**

Quandary

By Ann

I've had over a hundred selves
Some major, many, many minor
But each of me had my own identity
Each knew who he or she was.

But now I am integrating
Slowly, my "we" is becoming an "I"
I am losing all of my separate identities
Losing all of my multiple "I's"

Somehow I must find my singular "I"
Who is this integrated person?
The combination of us all?
Who am I going to be?

Can someone help me find the way?
Give me some steps to work through?
Someway to find Heather — my combination?
The fear is paralyzing me.

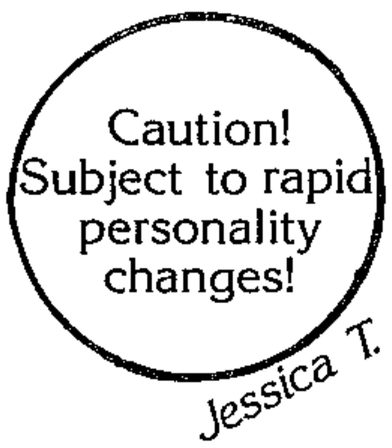
Can someone help me?
The books lied.
It's not ended at the moment of integration.
Who will I be? — Together.

Resources

A support network/newsletter and an anthology have been proposed for women who hurt themselves. Survivors of SIV (self-inflicted violence) are invited to query Ruta Mazelis Windstar, 2469 Noble Rd. #26, Cleveland Heights, Ohio 44121. Replies will be kept confidential. Donations are accepted.

SPINOZA, a teddybear that speaks (via tape recorder in his tummy) is available for your "kids" to play with, while they listen to messages that raise self-esteem and encourage self-nurturing. SPINOZA can play tapes made by you or your therapist, too. This high-quality product first gained acceptance by people treating abused and neglected children . . . but it works fine for grownups who keep "a child within". For information, call 1-800-CUB-BEAR outside Wisconsin, or 414-273-9773 in Wisconsin.

Therapists and others may be interested in obtaining SHATTERED WINDOWS, a public radio series on mental illnesses. Four half-hour programs are available on audio cassette tapes: an introduction to major mental illness, manic-depressive illness, schizophrenia, and different treatment approaches. The programs are clear and sensitive efforts to communicate the reality of mental illness to the general public. Cost of the entire series is $25. Broadcast-quality tapes are also available. A future series dealing with personality disorders, including MPD, is planned as funds permit. Part of the proceeds is donated to the Colorado Alliance for the Mentally Ill. Make checks/info requests to Shattered Windows, Box 369, Boulder, CO 80306. Or call Mark Fearer at (303)442-7898.



Breaking the Silence

A legal victory

By Anonymous *(for legal requirements)*

For the past several years my life has centered around recovering from my sexual abuse as a child. It has been a painful and costly undertaking.

Literally incapacitated at times by the memories, surviving the "remembering stage" has required intermittent hospitalizations, a medical leave from my job, and frequent appointments with my outpatient therapist. The cost of receiving help threatened to jeopardize my support system.

I visited an attorney in Lansing, Michigan to explore my legal rights and decided to file suit. As I walked out of her office, I silently wondered if I would have the strength to see it through.

Because the inherent nature of childhood incestuous sexual abuse prevents the victim from discovering her injuries and their cause until well into adulthood (due to repression/dissociation), application of the discovery rule is paramount in incest cases. The statute of limitations in many states allows only a one- to two-year period between the date of injury and the filing of a complaint. For those of us who have repressed the abuse until mid-life, such a limitation pits the legal system against us. The legal system must recognize that the survivors of childhood sexual abuse do not discover their injury or its cause until many years after the abuse has ceased.

Shortly after my lawsuit was filed (in the state of Ohio) I gained the support of the National Organization of Women. In the many months that followed, knowing that I was not standing alone in my battle gave me the silent strength to go on. Shortly after the depositions, an out-of-court settlement was reached.

Pursuing a lawsuit is not for everyone. In retrospect, I would not recommend pursuing litigation while in the remembering stage. The stress was enormous. In the face of an uncertain legal outcome, the continuing painful memories resembled a seemingly endless victimization.

I thank God for my strength. My personal rewards have extended well beyond securing my financial survival. Filing suit is the ultimate form of confrontation and was instrumental in dissolving the last traces of my denial.

From the child within whose cries went unheard: I could never tell, never fight back. Now I am empowered. My cries were finally heard. MV

(Note: The following material should not be read alone if you are at all fragile. I've included it, despite its difficult subject matter, because every one of us has wronged others in some way. . .and because only by breaking denial can abusers stop abusing. The hope implicit in this very brave statement by "The Gang" is that some people who need help are getting help, and are thereby preventing a continuation of the horrors we (and they) endured. — LW)

End of Denial

By The Gang

I think that the bravest thing that I have done since I have been in therapy is to talk about how I have raped my siblings and friends and total strangers, but especially my daughter. By even just opening the door to this dark secret was hard, but to talk about the people, to make real the memories of what I had done to people that I cared a great deal about and to even go as far as attacking strangers, because I thought that by doing so would make the abuse stop. Blow things wide open.

Part of me feels like I have gotten away with something terrible, but then as my therapists say to me, I have gone through more pain because of what I have done, than if I had gone to jail. To watch my daughter each day and know that I have hurt the one person that is closest to me, and to think about not only the physical pain I put her through but of the mental pain that is yet to come. Jon and Carol ask me, when am I going to let myself off the hook? When am I going to forgive myself?

I have taken the first steps toward the bravest part of healing, and will have made the entire journey when I can answer Jon and Carol's questions. MV

Remembering

By Jessica 6/87

Remembering
Changes darkness into shadow,
And shadow into light.
A light too brilliant to bear,
Which would prefer to retreat
again
Into darkness.

Remembering.
Vague shadows
Become known figures.
Unexplained terror
Becomes real horror.
But no more believable.

Remembering
Proceeds inexorably.
Cares only for itself.
Is unconcerned
Whether or not you believe.
All must be revealed.

Therapists' Page

By Christine Comstock

Therapist at Horizons Counseling Center in Parma Heights, Ohio, and President of the Ohio Society for the Study of Multiple Personality and Dissociation.

The journey from abused child to free, healthy adult means you must deal with feelings and memories which you did not cause, but nonetheless feelings and memories which were your life, and therefore with which you must deal.

The healing time is painful as your memories are retrieved, and of course you want the pain to stop now as you wanted it to stop then. You may even entertain a recurring thought of *suicide*.

As children, you may have sincerely believed that death was the only possible escape from your abuse. However, there was another way to escape — the way you found, the way that included the development of your own psychic defenses and the passage of time.

You *did* develop or receive the internal structures, resources, strengths you needed to grow, and the years did pass and you have escaped your childhood life, although it may not always seem that way.

The thought of suicide is a symptom of danger, of trouble, of serious trouble. Healthy people do not think of killing themselves and the fact that you even think of it is proof that something is very wrong. For you, thinking of suicide is trying to solve a past problem with a present out-dated solution — as they say, a permanent solution to a temporary problem.

The thought of suicide is not a new thought for you. It is a familiar thought although your awareness of it may be new. As you continue to work to accept the reality of your own past, you will find yourself thinking of suicide less often with less intensity. This may take a longer or shorter period of time, depending on the amount of abuse that you endured. Eventually, the thought will be a simple wandering thought occasionally passing through your mind.

The thought of suicide usually means either that there is an abreaction brewing from a familiar personality or from a "new" one, or that there is information from an abreaction to be accepted. The programmed commands to kill yourself which some of you may have received are portions of abreactions which need to be worked just as any other abreaction does. They do not need to be acted out!

The thought of suicide is an escape, a desire to avoid knowing something or accepting something. Intense feelings can be fearful, even terrifying. Intense feelings accompanied abuse or abandonment and were overwhelming for you.

The experience of being overwhelmed by feelings may have felt to you as if you were going to be annihilated or swallowed up so you would cease to exist. Small children do not have the emotional resources to be able to bear intense feelings alone, which is what you had to do. Therefore, even though you now have more adult resources, it does not always seem that way.

When intense feelings begin or even threaten to begin, you or someone inside of you may react to those feelings as if they were signals of impending disaster and send out the message that something has to stop these feelings immediately. That part of you may say that even death would be a more acceptable solution than allowing those feelings to escalate.

You will develop the ability to tolerate stronger feelings, but it is like developing any other skill or muscle — it takes practice.

When you have the thought that you would like to kill yourself, you must tell your therapist, of course. But please remember that therapists do not always respond well to this sort of statement. If your therapist assumes you mean exactly what you are saying, the content of what you are saying will have to take precedence over the *meaning* of what you are saying, and you may find yourself with a frantic therapist on the telephone, and police at your door to take you to the hospital, when you were only talking about your feelings.

It is not your responsibility to see to it that your therapist is calm, but it helps if you work hard to say exactly what you mean.

There may be times when you know that you will not be safe by yourself, when you cannot do enough of the abreaction and/or enough of the processing of the abreaction to be safe alone. The hospital is the place to be at those times. However, if you were to end up in the hospital every time you thought of suicide or needed to talk about the feelings of wanting to kill yourself, there might be more days *in* the hospital than *out* of the hospital. *Feelings* of wanting to die or kill yourself, bits of flashbacks in which you see yourself wanting to die, are quite different from the *intention* to kill yourself.

Your center ego state, inner self helper, or helping personalities can provide you with information about what is going on. "Ask inside" and then listen for the answer. It may be in the form of a clear voice with words, it may be an image, or it may be the first thought that "pops" into your head. It is not always easy to listen inside when you feel upset, but you can learn to do it, and your center will help whether or not you feel it.

The best thing, the most important thing that you can do is to promise yourself, your family, your friends and your therapist that you will not kill yourself while you are working on issues from the *past*, that you will not make

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(Therapists Page, *cont'd*)

decisions about your future based on your childhood past.

You do have to deal with painful issues, but they are past issues, and it does not make sense (no matter what it might feel like) to kill oneself now over something that happened 10, 20, 30 or whatever years ago. The past has already happened and nothing can change it.

Some writers differentiate between *normative* crises, those developmental transitions which affect us all, such as being toilet trained, beginning school, adolescence, etc., and *catastrophic* crises, those crises whch ought not to happen to people but which do.

You experienced catastrophic crises as normative crises because you thought abuse was normal, which it was for you. Now that you know differently, the processing of these memories may seem to you to be catastrophic, when in fact the processing of these memories is normative. They are not happening now. They are not catastrophic now. I would never want to minimize anything you experienced, but at the same time, you did find a way to survive and I would not want you to forget that.

You lived through it then, you probably even went to school much of the time, and you can live through the remembering of it now.

Having endured years of abuse, having come enough to terms with your past to be able to read this, killing yourself now would be a tragedy. Killing yourself now would be doing to yourself just what they did to you — robbing yourself of the opportunity to be all you can be.

Having been betrayed by the very people who should have taken the best care of you, do not betray yourself as they did. Do not treat yourself the way they taught you. They were not good teachers. The only real way out of the past is straight through the garbage so you can see all you need to see, feel all you need to feel, learn all you need to learn about your life, and then never, ever go back there again.

For now, know that because you choose to live, you will give yourself the chance to find the reality of your own self and the meaning of your own life in your own way. You deserve this chance!

MV

Being brave

By D/A

"I don't want to hurt any one. . .I tried to protect. . .but I become blind and wild. I cannot save her or anyone when I become a Beast! I couldn't stop him. . .now I cannot stop me!" (From R. to Drs. B. & K.)

We have been in therapy for MPD since 1984.

We feel we have faced many issues that challenged the body and mind since early childhood. However, we agreed that our most recent test of courage did not come from facing another attack. Instead, it involved a decision to trust our two doctors well enough to allow them to talk to two male alters who hold the highest percentage of rage.

To do this we discussed the use of wrist and ankle restraints, especially because one alter is kept in internal restraints within the Body. We could not allow them to be "out" without some form of safety devices.

This type of Restraint Therapy allowed the safety of both the angry alters and our two doctors (one male, one female.)

Although willingly being put in leather restraints carried its own foreboding as it triggered memories of repeated immobility, we (as well as the alter in internal restraints) could recognize the difference of the here and now reality versus the type of bondage used in the traumas. *They were not the same.*

Though the experience distressed many other alters, they agreed to be helped to rest or sleep through hypnosis for protection. Our doctors then talked directly to the two angry alters and established a small amount of contact where none was ever made before.

We had two sessions in restraints during our last hospitalization and though there were slight grievances pertaining to the direct and immediate after-effects, the advantages became very noticeable to ourselves and others.

The process allowed two of the enraged alters to ventilate their anger and recognize that the traumas happened years ago, and that what they "see" are the memories — that *the abuse is not continuing today!*

Once again, we had discussed and planned several months ago to do such a therapy. Although this method may be frowned upon, we used it as a last resort when all other attempts to deal with anger proved of little or no success, and the angry alters were growing more enraged and unstable.

As a Multiple, we know we have withstood *much* worse than this and survived. That is why we wanted to share this with other Multiples. But it is not for everyone. A trusted, supportive therapist and/or doctor is your best guide in considering this technique.

MV

Recovering

By Rita M.

Q: Survivors have already suffered so much pain. How can we help them clean the memories without reliving the horrors on a feeling level?

A: I'm sure every therapist who has ever encountered a multiple, and attempted to work with him or her, has asked this question. Boy, wouldn't it be great if we could do that? Wouldn't it make therapy much easier?

My initial reaction to this question was: This is not as much an issue for the client as it is for the therapist. Therefore, for you therapists out there who are reading, please pay close attention!

There is no way for a therapist to help an MPD client resolve traumas without working them through on a feeling level.

This statement may not be terribly popular, but it is accepted and supported by the majority of therapists who have successfully treated MPD clients. As therapists, it is not our job to eliminate the clients' pain. We can help them resolve it, but not eliminate it. The resolution of trauma does *not* occur on an intellectual level. Believe me, if it could have been done, I would have done it!

The rational mind simply does not have the ability to make sense of the kind of abuse MPD clients suffered. That's why MPD clients dissociated in the first place. . . to separate the abusive experience from themselves. In essence, they "disowned" the experience by giving it away to another part of the self.

Dissociation was the first and best defense, but it was aided by the additional defenses of rationalization, intellectualization, minimization, etc. Remember, MPD clients are notorious for their intellectual defenses! Just because a client *knows* about the abuse doesn't mean he/she has *accepted* or *owned* it as something that happened to him/her. Until the client owns each abusive experience (or group of experiences), the denial system is still intact, and as long as there is denial, there cannot be healing and recovery. Trying to prevent clients from experiencing the pain of resolving traumas does them a grave disservice. It lulls them, and the therapist, into believing that one can rationalize the pain away. Clients will buy into this quite readily. (Who wouldn't ?) But no matter how much they manage to "understand", the emotional pressure from inside will eventually bubble up and blow the lid off the pot. This will lead to disenchantment with therapy, anger at the therapist, and possibly lead to self-destructive behavior (like suicidal thoughts/ feelings/attempts). Clients cannot own (and therefore come to accept) pain without feeling it. I've been known to say that this is the ultimate insult. . . as children, MPD's are horribly abused and later they must (to some degree) re-experience their pain all over again in order to recover. Unfortunately, this is the price paid for survival.

It is very difficult to sit with clients and watch them go through abreactions. . . hearing their cries and screams, the horrifying accounts of abuse. The pain is incredible. As a therapist, one must have resolved his or her own painful issues from the past, or surely this will be nearly unbearable. However, as painful as an abreactive experience can be, from my own experience, I don't think the actual re-experiencing of a trauma is as painful or as difficult to accept as the overwhelming sense of betrayal, abandonment and grief that each MPD client must face when he or she *truly* realizes that parents or significant others not only weren't there for them, *but they never will be.*. The pain of this loss is incredibly deep and heart-wrenching, and the process of its resolution takes many months, perhaps years, to work through to completion. There is no way to prevent a client from experiencing this pain, even if therapists could help them avoid the abreactive experiences. When a client reaches the point where he or she is beginning this grief work, then I believe that client is entering the last stage of therapy.

As therapists, we're "helpers". We want to help. Too often, we jump in and take the pain away, or "rescue" the client, interfering with the process of therapy. In the chemical dependency field, this is known as professional co-dependency. You cannot fix the client. You can give them information, support, caring, limits, and guidance, but you cannot fix them.

However, this does not mean that the client shold be constantly reliving past abuses. Abreaction for the sake of abreaction alone is not only unnecessary, it is counterproductive. There is a lesson to be learned (or perhaps relearned) from each abreaction. Distorted messages and belief systems taught to the client by the abusers during abusive episodes must be seen clearly and decoded as part of the abreactive process. The purpose of the abreaction is not to relive the pain, but for the client to see and hear what *really* occurred, to *accept* that it occurred, and to understand what it meant. The client must see that he or she was a victim. . . a child who was powerless. The client must see that he or she was helpless and not responsible for the abuse. The client must learn that love does not mean getting hurt. All those sick, distorted

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(Recovering, *cont'd*)

teachings of abusers must be sorted out and seen for what they were, and new lessons learned. A memory that is buried deep inside the psyche, perhaps in a part of the client that is pre-verbal, or a memory held by the body, cannot be released or resolved with an intellectual understanding.

If a therapist has difficulty in dealing with the traumatic material that comes to light in therapy with a multiple, I recommend he or she consult with a supervisor (if the supervisor has experience with MPD), another therapist (their own, if they have one; if not, go get one), a consultant, or join a study/support group of other therapists working with multiples. In addition to this, I would also recommend attending some Co-dependents Anonymous meetings. These are an outgrowth of the 12 Steps of A.A., and are really great for us "helper" folks to learn how to help effectively without taking on the pain of others. If Co-dependents Anonymous meetings aren't available in your area, Al-Anon meetings, or Adult Children of Alcoholics meetings have a similar focus. Just put aside the reference to "the alcoholic", and substitute other people's "dysfunctional behavior".

Although we don't like to acknowledge this fact, many of the people who go into the helping professions have problems. Often, this is the conscious or unconscious motivation for entering the helping professions. A therapist needs to have a good, sound recovery of his or her own in order to work effectively with MPD's and stay healthy while doing it. MV

Rita M. is a Licensed Independent Social Worker and Certified Alcoholism Counselor (LISW,CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is "integrated". MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita, C/O MANY VOICES. We'll use as many as possible. —LW

Groups

I spent over a year in a group which was for survivors of multiple trauma, and included at least one other multiple besides me.

One of the therapists involved was quite widely known for her work with trauma victims, including the long-term therapy groups such as the one I was in.

The group was designed for non-multiples, and seemed to work fairly well for those who "numbed-out" when things got intense. Even though I was basically integrated at the time, and had been for over a year, I don't numb out, and I don't feel the therapists ever came to terms with the amount of terror stirred up for me by the anger (rage) of the other members, or the fact that I used self-abuse as a way to calm down.

I stuck it out a long time. The other known multiple quit after a few months, another woman who might have been multiple (she didn't numb out either) quit shortly after that, while those who could go numb talked often about how helpful the group was. Not for me.

I think that groups can mix multiples who have made real progress in therapy with non-multiples, but the group leaders need to realize that we are different, even after integration, and be committed to learning and dealing with that difference.

Be wary of anyone who hasn't worked with multiples, who claims that they know what they are doing, and don't need to learn anything new. If they have worked with other multiples, perhaps your therapist could find out how well the situation really was handled.
— By J.T.

Therapy

By Jan H.

Refinishing furniture
is largely a gamble
taking a big chance on the
unknown.
At every step there is risk and
uncertainty
and a lot of hard work -
first the stripping:
even the methods and materials
must be selected carefully so as
not to
damage the piece to be finished,
and must be handled carefully
usually toxic and/or flammable.
then the often messy task
of lifting off the old finish
hardened paint, layer upon layer
often years of paint or varnish
yellowed, worn.
and it is after all this ardous labor
that one must decide whether to
continue -
will the end result be worth the
labor?
at the same time, will the process
damage
the fine wood beneath it all?
Yet sometimes after all the layers
of crud
are removed, and curves and
grooves cleaned,
when the piece is finely sanded,
there is a treasure to be found:
rich walnut, or fine oak,
sometimes nothing but knotty
pine . . .

Conferences

October 5,6,& 7. Understanding Ritual Abuse. Columbine Psychiatric Center. 8565 South Poplar Way. Littleton, CO 80126.

1 day for law enforcement/investigative agencies; 2 days for survivors & therapists. Call (303) 470-9500 for information.

October 12-15. ISSMP&D 6th International Conference on Multiple Personality/Dissociative States. Co-sponsored by Rush-Presbyterian-St. Luke's Medical Center Dept. of Psychiatry and The American Society of Clinical Hypnosis. Meeting at the Hyatt Regency Hotel. Chicago IL. Call Vickie or Ray (312) 942-7095.

The Bravest Things We Did

By Our Readers

The bravest thing I have done so far in therapy or daily life? I AM ALIVE!!! Somehow, I am still alive. When have I found the courage to live, to be alive?! The only word that explains it is GOD. God is my courage, and all the special people He sends my way *daily*. I can't draw the strongest part of me because it is a *deep feeling*. I can't see it. I feel it, and it guides me, especially when I want to give up or die.

By Toni R.

♡ ♡ ♡

I've had several dreams that aren't dreams, in which I'm being sucked back down to the crying infant. Each time it happens, I'm never sure I'll come back, but I have quit fighting it now. That infant needs me or it wouldn't pull me to it. I can't comfort it as I can't reach it . . . but at least I go more freely, now, when it calls to me. Maybe someday I'll reach it and be able to hold it so it won't cry.

It's a scary thing to allow total control of your body over to something unseen. But if this is one of my parts and it needs me, then — afraid or not — down I'll go.

By Wendy

♡ ♡ ♡

The bravest thing I've done so far is confront one of the people who abused me when I was a child. I told him I recalled the incidents and others knew our secret.

I was motivated to approach him when I realized this now-elderly person could die soon. If I didn't act quickly, I could miss an excellent opportunity to help myself become more emotionally healthy. It was imperative that I get out of the role of victim, prove to myself that currently I was the one in control, and effect some sort of closure to this horrible period.

After I confronted him, I had mixed feelings. I was angry that he denied everything and instead pointed the finger of blame at my sick mind.

For several weeks after the confrontation, I suffered incapacitating fear that he would resume the abuse. (He did not, nor would I have let him.) Yet at a gut level I know I did the right thing. I feel better about myself, have found it easier to deal with other difficult material and am much stronger. I slew one of the dragons from my past.

By Stacie N.

♡ ♡ ♡

We think the bravest thing we have done is to try to remember — together.

By Gail C. & Group

♡ ♡ ♡

Life is terribly hard for me. Each day of it has required bravery. I used to believe that at some point I would jump the hurdle or follow the list that would get me past days of hideous pain which require all my Spirit, imagination, and perseverance can provide in order to survive.

I never knew life without abuse. While I was in her womb, my mother was sexually and physically abused. From earliest infancy I was sexually and physically abused by my mother. As an infant I was ritualistically (occult) abused by my great-grandfather and my mother. From the age of one on, I was sexually abused by my father. Over the years I was abused by others in the occult group Mother belonged to, by father's poker friends, by a female nurse, by a male doctor, by a policeman . . . and many others.

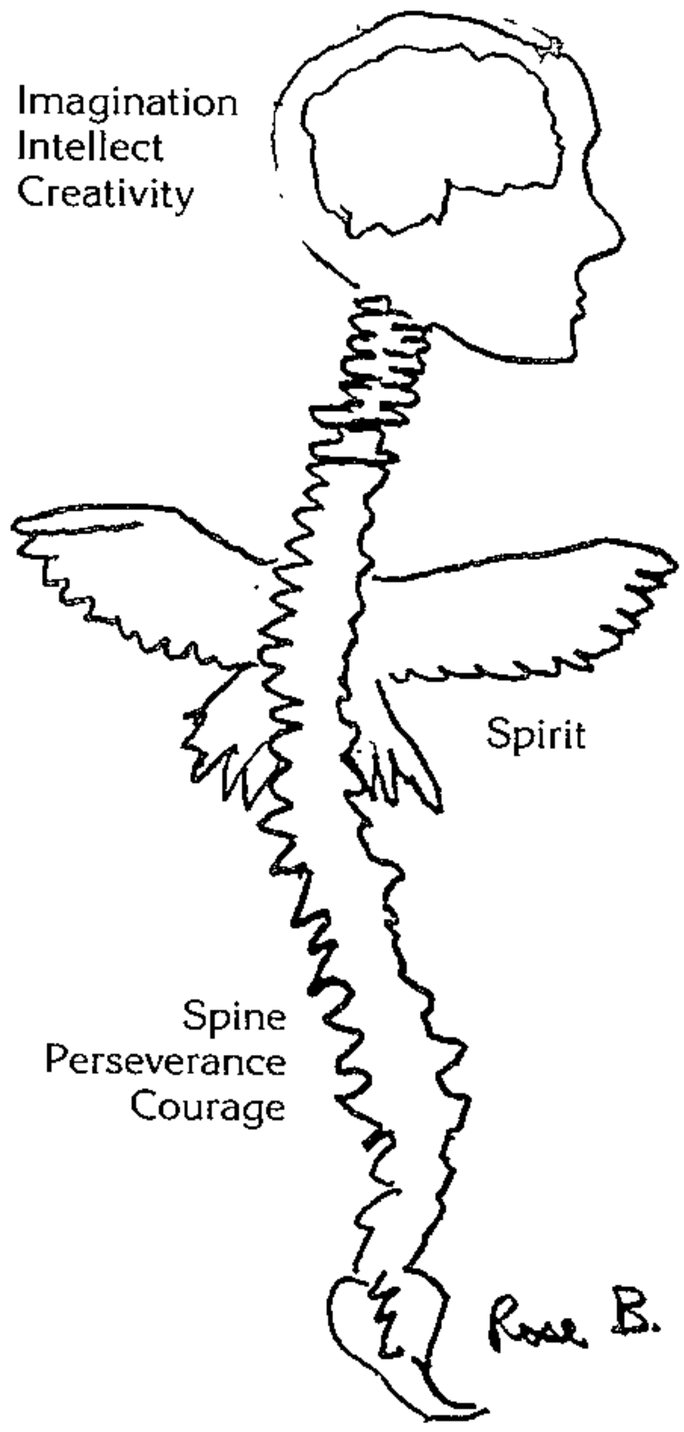
It is an awesome miracle that I am alive today. It's an even greater mystery that I am as healthy and whole as I am.

The bravest thing I've done is to daily continue to choose to live, to try to hope, love, and heal. I hope my drawing of my strongest parts helps to explain how this has happened.

Explanation of drawing of my strongest parts:

1. Spirit — both mine and also given to me by God/Life/Love/Spirit. Is responsible for my choosing each day to hope, love, live, survive despite unendurable abuse and pain. My spirit has chosen to be one with the Spirit which makes this possible.
2. Imagination/Intellect/Creativity — gave me the tools of dissociation which kept me alive.
3. Spine — perseverance and courage of Herculean proportions.

By Rose B.



It became clear to us that we are making progress when we were able to stand up for ourself against the father's verbal abuse with a short but honest reply.

We had returned home from taking a test required for employment. The parents asked how it went. Crystalyn reported, "I'm scheduled for an interview next week with a committee of five people."

The father seized his chance to knock us down. "That should do it," he laughed. "They oughta be able to beat you down."

Some of us froze. Some of us were stunned that he still has the gumption to attempt to belittle us. Deborah, who deals with facts, wanted to make sure that "we heard what we heard" and asked that he repeat it. (Of course he did, because he wanted to make sure that we heard his clever remark.)

One determined part of us, however, recognized the insecurity stirring inside from the father's statement and for the others' benefit said to the father, "I don't think so. There will be only five of them and there are forty-two of us."

Not only did this stop the father; it gave the insecure ones some strength and reminded all of us to appreciate the strengths and positives that exist in all of us.

The father found it humorous and with some quick division he seemed to realize that he too is out-numbered.

By Wendy, Deborah & Vanesa

The bravest thing that I have done in daily living is to learn how to control certain personalities with the help of three or four close friends, with whom the personalities had promised to contact before they did anything to the body.

The courage to keep the promise came from the love of our good friends.

Now we have to stop and think what it would do to them. It is not like before, when no one cared.

By J.

Right now I/we are dealing with Satanical/Ritual abuse which we/I were not aware of until a month ago. At first all I wanted to do was die. Now I live with it even if I don't like it.

Of course, each new memory brings on the suicidal feelings, but I know I can get through them with help.

I just have to keep in mind that we were young children with no choice. We could have done things different but then we would be dead. So would the others.

All I can say to those in similar circumstances is that it is one of the hardest things to live with, but it can be done, and there is a light at the end of the tunnel.

We are survivors and somewhere, somehow, there is a reason.

I/we were not bad or evil people. The perpetrators were.

My act of bravery now is trying to make contact with those alters involved and find some way of living in balance and harmony with them.

There are no easy answers but I have and still believe in a future.

By Downey of Lori May et al

In April 1989 me and the others of Susan P. moved into what is now our new home. We had been living with my Mom and Dad.

It was hard to get the courage to move even though most of us knew it really was the best thing to do. We knew it was the best thing for our therapy and for our self to no longer live in the house that we had grown up in and with the people who had hurt us so badly.

When we had been living with my parents we all knew our roles, our places — both in the family unit and *within Susan.*

Our roles within Susan were designed and patterned around and based upon my Mom's behavior and mood. So when we moved to our new home, where we live alone, we were all lost within for awhile.

We weren't sure where we were, if we belonged here, if we were safe here. Some felt guilty for doing good for our self by moving.

There was confusion. Memories flooded in.

But eventually we all learned that this is *our new home.*

This is our safe home: to live in, to play in, to sing in, to cry in, to communicate in.

We have learned, through communicating with each other, to live alone without constant chaos and without losing eons of time.

We can now be *ourselves* whenever we want to, and thus we all are closer to *our self.*

This was a brave thing we did,
By Summer and Stacy of Susan P.
but,

The bravest thing I ever did was to survive.

By the all of me, Susan P.

Who Am I

I am an individual, as well as a human being who came into this world to join others. To share love, joy, sorrow, peace and happiness with you as well as with others. To learn, fulfill, and teach. Not to condemn — but understand. Remember you are not alone. This is our world. Let's enjoy it together.

By T.J.

Order Anything with Mushrooms

By Elizabeth K.

The greatest hazard for us is restaurants. Perhaps it is the magnetic quality of food coupled with the implied privacy of separate tables arranged at discreet distances. Or cloth napkins. Whatever the reason, it is dining in public that plays a Pied Piper's flutesong to the children within and they emerge with spontaneous enthusiasm and an appalling lack of social grace. To sidestep this embarrassment, we have developed a few strategies which might prove helpful to others. They are:

1. **Avoid fun foods.** Spaghetti, french fries with catsup, or any drink served with a straw should be shunned at restaurants where there are hanging plants or any other suggestion of ambiance. Otherwise, spaghetti will be sucked up in individual strands, leaving dot-to-dot sauce pictures on the tablecloth. French fries quickly become crayons for making designs in catsup puddles, and straws, of course, make wonderful volcanic eruptions in the glass. In addition, watch out for potatoes with gravy, watermelon (at least the seeds,) and any alcoholic drink that arrives with an umbrella.

2. **Flirt with the waiter (waitress).** Depending on both your own personal inclinations and the establishment's cover charge, a bit of harmless flirting is guaranteed to "gross-out" the children who will retreat in disgust. It's also possible you'll get better service, but don't count on it.

3. **Order anything with mushrooms.** Children have unsophisticated taste buds. They thrive on MacDonald's Happy Meals and grape popsicles. Order foods they wouldn't poke with a stick. Like sushi. Or salad with artichoke hearts. Our little ones gag on mushrooms so we've learned to case the salad bar for supplies even before the maitre d' has a chance to ask the number in our party (a question we've never been able to answer honestly.)

4. **Carry your driver's license.** Or any recent picture. If necessary, prop it up against the bread basket to remind everyone inside that This is who the waiter sees, and it's really not fair to confuse him by laughing at his Adam's apple.

5. **Plan diversions in advance.** Even the best adult intentions can be undermined by tedious or stilted conversation, by long delays between courses, or by the spine-tingling crash of a trayful of stemware. These are dangerous moments when one child or another can be counted on to peer from behind the eyes while a gurgle of laughter swirls deliciously in the stomach. The various adults are always prepared to launch ourselves like Polynesian tower divers into a luminous and erudite discussion on the merits of fiber or Shakesperian symbolism. Such conversation can be as potent as garlic cloves in convincing incipient children to return to their internal playground. If that fails, try counting the total number of diners in the room and multiply that figure by the average cost of a meal and two drinks. By the time you're mentally placing the last decimal point, another adult is usually thanking the waiter for yet again refilling your water glass, or else threatening to break his legs if he steers the dessert cart toward your table.*

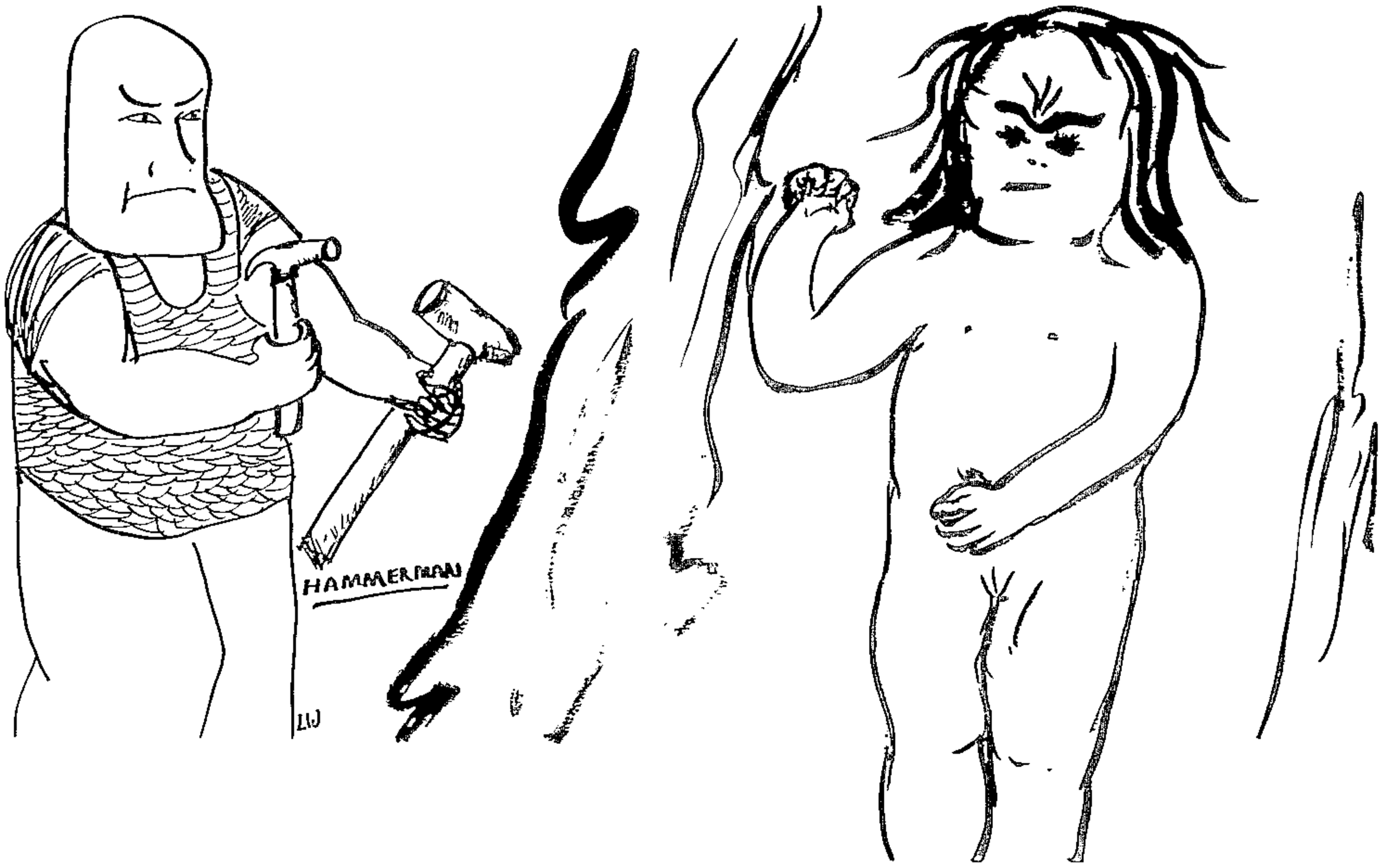
* See Rule 6

6. **Convince yourself that dessert is really toxic waste.** While children may leave you alone to nibble on pickled beets or even a real vegetable, and might be persuaded to yawn unobtrusively throughout a monologue on comparative religions, they will snap to immediate and boisterous attention if the waitress asks, "Would you care to see the dessert menu?" Our youngsters have a sweet tooth whose roots descend to their knees, and if anyone mentions chocolate mousse (we heard about that for days,) or the somewhat-less-remarkable raspberry ripple — all hell breaks loose. Now, when the waitress first approaches our table, we slip her a printed card which advises her that an appropriate tip will be greatly reduced if she mentions the D word.

7. **Be certain your dinner companion knows your name.** Strangers are fine for job interviews, an evening of bridge, or for sitting next to at a lecture on Neo-gothic architecture, but it is safest to eat only with those intimates who find no discordance between candlelight and knock-knock jokes. There's less of a strain for everyone. Some friends seem naturally to engage the kids, which is fine if we're all seated in a corner booth, or the management is conserving electricity. Or both. And finally . . . unless our dinner companion truly understands and accepts all of us, we've found it's generally good form *not* to challenge them to a duel with our asparagus spears.*

*See Rule 1. **MV**

REMINDER: IF YOU MOVE, TELL US. THE POST OFFICE DOES NOT FORWARD *MANY VOICES*!



Books

Diagnosis & Treatment of Multiple Personality Disorder
©1989 by Frank W. Putnam 351 pgs.
Published by The Guilford Press, a division of Guilford Publications Inc., New York $35.00 hardback

Dr. Putnam has credentials galore. He is chief of the Unit on Dissociative Disorders at the National Institute of Mental Health, and faculty member at Washington School of Psychiatry, to name just two. He has also published widely.

Therefore, it comes as no surprise that this introductory-level text has plenty of detailed information. Though as a lay-person I found the early chapters on history, etc., tedious, therapists new to MPD may find validation that the condition "really exists" and isn't a fad.

Putnam goes step-by-step through diagnosis and initial therapy to resolution (which he admits is not necessarily unification.) For me, this book's treat is in the treatment chapters. I learned more about what my therapist is trying to do and why it is helpful. I especially welcomed the assurance that ceaseless changing and transformation is a hallmark of dissociative disorders. That helps me see the up-and-down process as progress, not deterioration. A valuable book.

—LW

Multiple Man:
Explorations in Possession & Multiple Personality
©1985 by Adam Crabtree 277 pgs.
Published by Praeger Publishers, Division of Greenwood Press Inc., Westport, CT. $37.00 hardback.

Initially, this book caught my eye, and aroused my skepticism. The author surveys a variety of topics (all dealing with what he sees as illustrations of multiplicity in men & women) such as hypnosis (Mesmerism), multiple personality, a number of types of possessions (not all evil), and several case histories.

The author's first choice is conventional therapy but he concludes that, at times, it doesn't matter that he may be skeptical, that the client may not understand, that there may be no logical explanation; he has found that being open to communication with other parts of a person (no matter what they say they are) has often led to an apparent satisfaction of the needs of the "other" and exacerbation of distressing symptoms presented by the client.

I must say that Crabtree comes across as caring for his clients; he refuses to try to trip them up or issue challenges. He just wants to help them heal. Food for thought!

— Wyndy

Attention Readers!

It's never too soon to start thinking, writing, or drawing for future issues of *MANY VOICES*. Material can be sent in advance. We file it for the appropriate issue. Please send permission to publish/edit too.

A *special* thanks to all who suggested themes for 1990. We received enough good ideas to fill 24 issues, but we had to settle for six. Other ideas may be offered for therapists' response, or saved for 1991!

Remember, we couldn't do this without your help! Most sincerely — LW

Coming up!

October 1989

What do you do if a child part comes out inappropriately, on the job or in a public place? Are there ways to sense that he/she is coming to take control? How do you comfort your "children"? ART: Draw the child part(s) of you and their favorite things. DEADLINE for submissions: August 1, 1989.

December 1989

What meditative or relaxation methods work best for you? How often do you use them? ART: Draw what you see when you meditate. DEADLINE for submissions: October 1, 1989.

February 1990

Alternatives/adjuncts to individual psychotherapy: Support groups, bodywork, holistic methods, personal study, self hypnosis etc When and how you've selected "what feels right" for you. Also, negotiating therapy payment options. ART: Draw who/what helps in healing DEADLINE for submissions· December 1. 1989.

April 1990

The Twilight Zone: Working with dreams and "experiences". Dealing with nightmares. "Lucid" dreaming. Dreams as memory precursors. ART: Draw a dream image that helped you. DEADLINE for submissions: Feb. 1, 1990.

October 1990

Grief. Accepting loss in order to heal. How to "work through" grief. ART: Draw your path through grief. DEADLINE for submissions: August 1, 1990

June 1990

Accepting diagnosis and developing co consciousness. Videotaping? Journals? What helped you know or trust your self/ selves? ART: Making peace with your parts. DEADLINE for submissions: April 1, 1990.

August 1990

Limit-setting and boundaries in therapy Input from clients and therapists on appropriate phone calls, touching, questions, social interaction. ART· Draw the part of you that knows the difference between safety and danger. DEADLINE for submissions: June 1, 1990.

December 1990

Relationships with "outsiders": children, friends, spouses, significant others. Who do you tell about your diagnosis? When and how much do you tell? Dealing with negative response. ART: Draw you and your friends/family. DEADLINE for submissions: October 1, 1990.

Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

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